DNR 7802.94
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

Ohio Department of Natural Resources
Divison of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224 Phone (614) 265-6739

796574

Permit Number 52-94

COUNTY Warren TOWNSHIP Clearcreek SECTION/LOT No. _____ (Circle One)

OWNER/BUILDER (Circle One or Both) Elmer Stephens (First Last) PROPERTY ADDRESS (Address of well location) 5775 Chenowith Rd. (Number Street City)

LOCATION OF PROPERTY Lane Well # 2 Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter _____ in.

[1] Diameter 5 5/8 in. Length* _____ ft. Wall Thickness .042 in.

[2] Diameter _____ in. Length* _____ ft. Wall Thickness _____ in.

Type: [1] [2] Steel [1] [2] Galv. [1] [2] PVC [1] [2] Other _____

Joints: [1] [2] Threaded [1] [2] Welded [1] [2] Solvent [1] [2] Other _____

Liner: Length _____ Type _____ Wall Thickness _____ in.

SCREEN

Type (wire wrapped, louvered, etc.) _____ Material _____

Length _____ ft. Diameter _____ in.

Set between _____ ft. and _____ ft. Slot _____

GROUT

Material _____ Volume used _____

Method of installation _____

Depth: placed from _____ ft. to _____ ft.

GRAVEL PACK (Filter Pack)

Material _____ Volume used _____

Method of installation _____

Depth: placed from _____ ft. to _____ ft.

Pitless Device ☐ Adapter ☐ Preassembled unit

Use of Well _____

☐ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____

Date of Completion _____

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.

From	To	
0	6	Top soil
6	18	brown clay
18	35	Shale

Unproductive. Pulled pipe and cemented well.

*(If additional space is needed to complete well log, use next consecutively numbered form.)

WELL TEST

☐ Bailing ☐ Pumping* ☐ Other _____

Test rate 3/4 gpm Duration of test 0 hrs.

Drawdown _____ ft.

Measured from: ☐ top of casing ☐ ground level ☐ Other _____

Static Level (depth to water) 0 ft. Date: 6/16/94

Quality (clear, cloudy, taste, odor) 0

*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump _____ Capacity _____ gpm

Pump set at _____ ft.

Pump installed by _____

WELL LOCATION

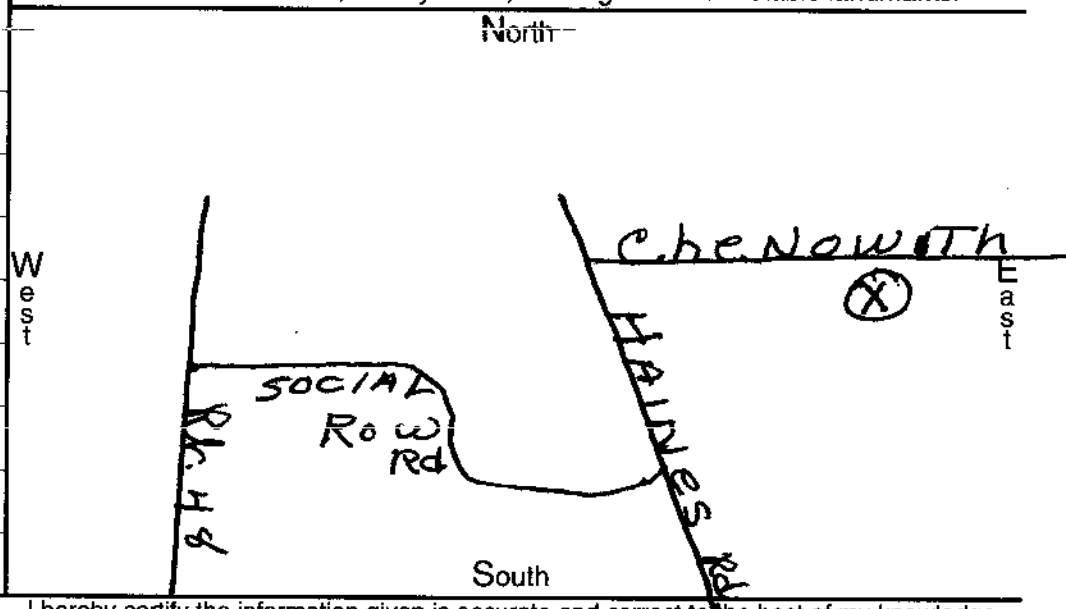
Location of well in State Plane coordinates, if available:

Zone _____ x _____ y _____

Elevation of well _____ ft./m. Datum plain: ☐NAD27 ☐NAD83

Source of coordinates: ☐GPS ☐Survey ☐Other _____

Sketch a map showing distance well lies from numbered state highways, street intersections, county roads, buildings or other notable landmarks.



I hereby certify the information given is accurate and correct to the best of my knowledge.

Drilling Firm Forrest Uhl

Address 1372 E. Lytle Rd

City, State, Zip _____ 5579

Signed Forrest Uhl

Date June, 1994

ODH Registration Number 722

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

ORIGINAL COPY TO - ODNR, DIVISION OF WATER, 1939 FOUNTAIN SQ DRIVE COLS, OHIO 43224